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Movin' On: Exercise and Movement for Breast Cancer Survivors

Registration Form: **Pt. Charlotte _____ Ft. Myers _____**

Name: _____
Address: _____
City/State/ZIP: _____
Home phone: _____ Cell phone: _____
Email: _____

Medical History: please answer all that are applicable

Date of birth: _____
Date of breast cancer surgery: _____ Surgeon: _____
Type of surgery (mastectomy, lumpectomy): _____
Number of lymph nodes removed: _____
Date completed chemotherapy: _____ Medical Oncologist: _____
Date completed radiation therapy: _____ Radiation Oncologist: _____
Date of reconstruction: _____ Plastic Surgeon: _____

Do you have lymphedema:
If so, have you had treatment and who is your therapist: _____
If not, have you had any education about lymphedema: Yes _____ No _____

Have you resumed any physical exercise? If so, please list.

Have you regained full arm range of motion after surgery?

Have you resumed all household tasks?

Have you resumed work duties?

Are you having any pain and where?

Please circle any of the following that you have experienced with a brief explanation:

- | | | | |
|----------------------|-------------------|--------------|-------------------|
| Heart condition | Lung disease | Numbness | Osteoarthritis |
| High blood pressure | Seizures | Weakness | Shoulder problems |
| Diabetes | Chronic infection | Stroke | Neck problems |
| Rheumatoid arthritis | Obesity | Osteoporosis | Back problems |

Any other problems ?:

What do you hope to gain from attending this 6 week session?

I agree to obtain a physician's approval for attendance at this class. I (participant) agree that if I engage in any physical exercise as part of ***Movin' On": Exercise and Movement for Breast Cancer Survivors***, I do so at my own risk. I agree that I am voluntarily participating in the activities and assume all risk of injury or illness. I agree to release and discharge Lymphedema Resources, Inc. from any and all claims or causes of action (known or unknown) arising from my participation. I acknowledge that I have carefully read this Waiver and Release and fully understand that it is a release of liability. If any new discomfort or symptom occurs, I agree to discontinue the program and follow up with my doctor.

Signature: _____ Date: _____

Note: Program Registration is not confirmed until signed Physician's Approval has been received.

Submit registration by:

Fax: 239/437-1703 or by email to: lymphedemares@aol.com or U.S. Mail

Mail: Movin' On Program, P.O. Box 1115, Estero FL 3392

Movin' On: Exercise & Movement for Breast Cancer Survivors is a specially designed program of gentle exercise for breast cancer survivors of all ages and at any state of treatment and survivorship, promoting a safe return to physical activity and wellness through education, appropriate healthy exercise and emotional support. ***This program is offered at no charge to participants.***

Program consists of 6 one-hour sessions as follows:

Port Charlotte – Monday mornings, January 9 – February 13, 2012

Fort Myers – Tuesday mornings, January 10 – February 14, 2012

Participants are expected to attend all six sessions of the program. You are asked to call 239/437-1606 and advise us if you are unable to attend so the instructor is aware that you will not be attending.

Participants can expect improved range of motion, energy levels and self image upon completion of the six week course. They will receive education on safe activity levels and the risks, signs and symptoms of lymphedema.

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